

Radiologic Technologist Fluoroscopy Permit Application**(Failure to use your full legal name may result in your application or entrance to the examination being denied.)**

Last Name (Please Print)	First Name	Middle Name
Date of Birth	Social Security Number	Phone Number
Mailing Address	E-mail Address	
City	State	Zip Code

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. This information may also be provided to American Registry of Radiologic Technologists for examination purposes. For information or access to your records, contact the Certification Support Unit at the California Department of Public Health, Radiologic Health Branch, MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Complete and return this form with:

- ☐ A copy of your current California issued radiologic technology certificate.
 - ☐ A copy of your fluoroscopy school graduation diploma.
- Or, if you have equivalent education, training and experience, see page 2 of this form.
- ☐ The non-refundable application fee of \$75.00 in the form of a check or money order made payable to California Department of Public Health-Radiologic Health Branch (CDPH-RHB).
 - ☐ The non-refundable examination fee of \$100.00 in the form of a cashier's check or money order made payable to **American Registry of Radiologic Technologists (ARRT)**. (Personal or business checks are not accepted.) **After January 1, 2008, do not send the examination fee to CDPH-RHB. A \$100.00 examination fee will be paid directly to ARRT after you receive a notification letter from CDPH-RHB.**

I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke permits or certificates that are procured by fraud, misrepresentation, or mistake, or for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I have been certified or granted a permit pursuant to the Radiologic Technology Act, I am acting within the scope of that certification or permit, and I am acting under the supervision of a licensee of the healing arts who is a certified supervisor or operator.

Signature	Date
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Mail application, supporting documents, and fee(s) to:

Accounts Receivable and Cashiering Unit
California Department of Public Health
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414

CDPH-RHB Use Only	
Permit Number:	
Class Code:	
Date Issued:	
Issued By:	

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You may send a resume, in lieu of a fluoroscopy school graduation diploma. Your education, training and experience in fluoroscopy must be equivalent to that of the following curriculum.

Classroom instruction in the following subjects:

- 10 hours of fluoroscopy regulations and radiation safety
- 5 hours of fluoroscopy equipment
- 4 hours of X-ray image intensifiers
- 4 hours of television, including closed circuit equipment
- 6 hours of image recording and image recording equipment
- 5 hours of special fluoroscopy equipment
- 2 hours of mobile image intensified units
- 2 hours of anatomy and physiology of the eye
- 2 hours of three-dimensional and radiological anatomy, and
- 15 hours of laboratory in which you conducted experiments on phantoms that illustrated:
 - Methods of reducing dose to patients during fluoroscopy procedures.
 - Methods of reducing exposure to self and personnel.
 - Image recording during the exposure of phantom.
 - Quality control of fluoroscopy equipment.